

**CERTIFICATE OF CANCELLATION OF REGISTRATION
OF FOREIGN LIMITED PARTNERSHIP**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

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1. The name of the limited partnership is: _____
 2. The date on which the limited partnership was registered in Wyoming is: _____
 3. The name under which the limited partnership is registered to do business in the state of Wyoming is: _____

 4. **The limited partnership hereby cancels its registration to do business in the state of Wyoming.**
 5. The mailing address to which the Secretary of State may mail a copy of any process served on him against the limited partnership is: _____

Date: _____ Signed: _____
by: _____
General Partner

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

S E A L

Notary Public

My commission expires: _____

Filing Fee: \$50.00